



# WoodsWISE

*Incentives to Stewardship Enhancement*



## Forest Management Planning – Claim for Payment

*Forest Management Planning is made possible through the USDA Forest Service's Stewardship Program.*

**Landowner:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ (required)

I am hereby making claim for cost-share payment under the WoodsWISE program for (check one):

- ☐ FMP-1a Development of a New Forest Management Plan (10-50 wooded acres)
- ☐ FMP-1b Development of a New Forest Management Plan (51+ wooded acres)
- ☐ FMP-2 Amendment of an existing Forest Management Plan
- ☐ FMP-3 Expansion (in area) of an existing Forest Management Plan
- ☐ FMP-4a Periodic Update of a Forest Management Plan (10-50 wooded acres)
- ☐ FMP-4b Periodic Update of a Forest Management Plan (51+ wooded acres)

The plan was prepared by \_\_\_\_\_ (Stewardship Forester)  
on \_\_\_\_\_ (date) for \_\_\_\_\_ wooded acres in the town of \_\_\_\_\_.

Landowner signature(s) \_\_\_\_\_ Date \_\_\_\_\_

### OFFICE USE ONLY

Objectives: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_  
(3<sup>rd</sup>) \_\_\_\_\_ (4<sup>th</sup>) \_\_\_\_\_

District Forester:

Plan meets MFS standards: \_\_\_\_\_ Yes \_\_\_\_\_ No

Documentation complete/acceptable: \_\_\_\_\_ Yes \_\_\_\_\_ No

Total property acres: \_\_\_\_\_

Total eligible forested acres: \_\_\_\_\_

Total eligible plan cost: \_\_\_\_\_

District Forester signature: \_\_\_\_\_ Date \_\_\_\_\_

Cost-share payment authorized:

Signature of Division Director:

Date \_\_\_\_\_